Montana Department of Public Health and Human Services Immunization Program

Vaccine Management Plan for Vaccines for Children (VFC) Clinics

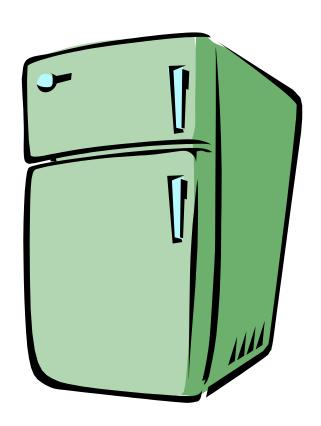


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Designated Staff Persons for Vaccine Management

The importance of proper vaccine management is critical to providing effective immunizations. It is the direct responsibility of the staff person(s) designated below to safeguard and ensure the maintenance of vaccines used by this clinic. While it is their direct responsibility, all staff members should be familiar with the clinic's vaccine management procedures. In addition, all staff members responsible for vaccines should read the Montana Vaccines for Children (VFC) Program Provider Agreement and fully understand your clinic's responsibilities regarding publicly purchased vaccine.

Clinic Name:				
Designated Primary	Vaccine Coordinator	r:	Phone:	
Alternate Vaccine C	oordinator:		Phone:	
2 nd Alternate Vaccin	e Coordinator:		Phone:	
At least one alternat	te is required.			
necessary) or when	there is a change in	t Plan must be review staff that have respo	nsibilities specified in	the plan.
The Vaccine Managannually. Documen	t the dates below.	reviewed with staff ir	nvolved with immuniz	

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Montana Immunization Program Participation Requirements

Clinics...

- may not charge a vaccine administration fee in excess of \$14.13 per dose to patients receiving publicly purchased vaccine.
- must not deny administration of publicly purchased vaccine if patient is unable to pay the administration fee.
- must provide a current Vaccine Information Statement (VIS) every time a patient receives a vaccine. If the patient or guardian does not speak English, provide a VIS in the appropriate language.
- must screen patients for program eligibility at every immunization visit. A MT approved method for screening must be used.
 Screening records must be kept for 3 years.
- must have a written plan for vaccine management (this document fulfills this requirement).
- must not store frozen vaccine (varicella, MMRV) in a dormitorystyle refrigerator.
- must have working thermometers placed in a central location of the refrigerator and freezer compartments. The MT Immunization Program provides thermometers to VFC clinics.

- must use certified and calibrated thermometers.
- must check and document temperatures a minimum of twice a day. Temperature logs must be kept for 3 years.
- must notify the Montana Immunization Program when publicly purchased vaccine has been stored outside the appropriate temperature range.
- must take immediate action and document actions taken with vaccine exposed to out-of-range temperatures.
- must store the vaccine in the middle of the refrigerator or freezer to allow air to circulate around it.
- must not store vaccine in doors or crisper bins of the refrigerator.
- must keep water bottles in the refrigerator and frozen packs in the freezer to help maintain temperature in the event of a power outage.
- must have a "DO NOT DISCONNECT" sign on the circuit breaker, as well as refrigerator and freezer electrical outlets. If the outlet is not accessible, then the sign should be posted on the wall next to the unit as close as possible to the outlet and at eye level.

- must rotate stock effectively, use short-dated vaccines first.
- must be able to physically differentiate between publicly purchased and privately purchased vaccine.
- must submit MT Monthly Vaccine Report Form to Home IV Pharmacy by the 5th of the following month.
- must keep immunization records for 10 years.
- must notify the MT Immunization Program if the vaccine will expire in the next 3 months and the clinic will not be able to use the vaccine.
- must complete the MT Wasted and Expired Vaccine Return Form when returning wasted or expired vaccine to McKesson. A copy must be faxed to the MT Immunization Program, a copy retained by the clinic, and the original copy included in the box to McKesson. If the clinic does not have a regularly scheduled pick up by UPS, the clinic should contact the MT Immunization Program at 444-5580 for a pickup to be arranged.

- must submit the MT VFC Annual Provider Profile and Agreement to continue participation in the VFC Program.
- must agree to an annual visit from the MT Immunization Program, which will include a review of VFC Program activities and an AFIX (review of immunization records).
- must document immunizations according to federal law.
- must submit adverse events following vaccination according to federal law to the Vaccine Adverse Event Reporting System. VAERS website: http://vaers.hhs.gov/

Thank you for taking these steps to protect your vaccine. If you have any questions, please contact the MT Immunization Program at 444-5580.

Routine Vaccine Handling Procedures

These are the routine procedures needed to be in place on a continuous basis to help ensure viable vaccine and prevent vaccine loss.

Maintaining temperatures and the cold chain

Maintain proper temperature for vaccine storage

Refrigerator: 2° to 8° Celsius (35° to 46° Fahrenheit)
Freezer: -15° Celsius or colder (5° Fahrenheit or colder)

- Ensure working thermometers are used inside both the refrigerator and freezer.
 Certified thermometers that can be recalibrated are required for vaccine storage.
 The MT Immunization Program provides thermometers for VFC clinics.
- Thermometers should be placed in the center of each compartment.
- Check and document temperatures twice a day. If a clinic has an automatic temperature tracking system, temperatures still must be checked and documented on a temperature log twice a day.
- Temperature logs are to be kept for 3 years.
- If temperatures are out of the recommended range, take immediate action to correct the problem. Document the actions taken on a Vaccine Storage Troubleshooting Record.

Setting up your refrigerator/freezer

- Ensure the refrigerator doors close properly and the unit is in good working order. Notify your clinic's designated Vaccine Coordinator immediately if problems occur.
- Never store vaccines in the door, crisper bins, near the outlet valve (where the freezer blows air into the refrigerator) or in closed containers.
- Conduct monthly inventories and submit MT Monthly Vaccine Report Form to Home IV Pharmacy by the 5th of the following month.
- Order according to your clinics assigned ordering frequency. No clinic will be denied vaccine if they need to re-order before their scheduled time to re-order.
 Our clinic orders vaccine:
- Advise maintenance and cleaning personnel not to unplug refrigerator/freezer units.
 Post a "DO NOT DISCONNECT" sign on the circuit breaker, as well as refrigerator and freezer electrical outlets. If the outlet is not accessible, then the sign should be posted on the wall next to the unit as close as possible to the outlet and at eye level.

Maintaining your inventory

- Store and rotate vaccines according to expiration dates. Use vaccines with the shortest expiration dates first.
- If vaccines are within 3 months of expiration and cannot be used by the clinic, they may be transferred to another VFC provider. Contact the MT Immunization Program at 444-5580 to properly coordinate such transfers.

If you have any questions, please contact the MT Immunization Program at 444-5580.

Vaccine Ordering Procedures

Before ordering vaccine, conduct a physical inventory of your current stock.

- Before a vaccine order will be accepted, the clinic must have submitted to Home IV Pharmacy all prior months MT Monthly Vaccine Report Forms, with all doses accounted for.
- Complete the MT Immunization Program Vaccine Order Form and mail to Home IV Pharmacy. Be sure to include the inventory of all vaccines, not just the ones being ordered. Our clinic VFC ID # is MTA ______.
- Order vaccines by doses (not vials or boxes). Currently boxes cannot be broken up into smaller amounts. Minimum amounts are listed on the Vaccine Order Form.
- Order according to your clinic's assigned ordering frequency. If a clinic is running low on vaccine and will run out before the scheduled time to re-order, contact Home IV Pharmacy. Our clinic orders vaccine:
- If there are any special clinics, such as catch-up campaigns, that cause the order to be increased from the normal ordering amount, please make a note about the increased request on the Vaccine Order Form.
- Vaccine should arrive no later than10 to 15 business days after the order is received by Home IV Pharmacy. Shipments are delivered from McKesson Tuesday through Friday via an express carrier service, such as FedEx, UPS, or DHL. During flu season, shipments may be delivered on Mondays. Orders with special handling instructions or limited delivery times will be carefully reviewed to ensure that vaccine is delivered within the specified window of time. If a clinic is only open for 4 hours or less on Friday, then the MT Immunization Program will mark that the clinic cannot receive vaccine on Fridays.
- Frozen vaccine shipments (varicella and MMRV) are shipped directly from Merck to providers.
- Please notify Home IV Pharmacy if you have an outstanding vaccine order and your clinic will be closed unexpectedly.
- If the hours the clinic is available to receive vaccine change or if the clinic's address changes, please notify Home IV Pharmacy immediately.
- Always tell your front office staff or supply personnel when a vaccine delivery is expected and ask them to notify the clinic's designated Vaccine Coordinator when it is received.
- Please wait for two weeks after your order was placed before calling Home IV Pharmacy to check on the status of your order.

Home IV Pharmacy: 2601 ½ Continental Drive, Butte, MT 59701 Phone: 723-4099; Fax: 723-4059

Determining How Much Vaccine to Order

Publicly purchased vaccine orders are based on three criteria:

- Average monthly usage recorded on the MT Monthly Vaccine Report Form;
- Inventory on hand; and
- Assigned ordering frequency

A customized suggested inventory for your clinic based on the above factors can be found on the following page. Based on your average monthly usage and ordering frequency, the clinic's suggested inventory is provided for all vaccines, except influenza vaccine. When placing the clinic's order, simply subtract the current inventory from the ideal inventory and round to the nearest package size.

Example:

- We would expect those who order monthly to stock one month's worth of vaccine plus 2 weeks for ordering time. Current inventory is then subtracted from this ideal inventory to equal the ideal order.
- If clinic A uses on average 33 doses per month of MMR and has 20 doses in inventory, then the order should be 50 doses (6 weeks) minus inventory on hand (20) doses = 30 doses.
- If your order for any vaccine is more than one month's usage above your ideal order, Home IV Pharmacy has been instructed to reduce your order.
- If you already have more than your ideal inventory of any vaccine on hand, Home IV Pharmacy has been instructed to not order that item.
- If there are any special clinics, such as catch-up campaigns, that cause the order to be increased from the normal ordering amount, please make a note about the increased request on the Vaccine Order Form. Additional inventory is allowed for seasonal fluctuations, i.e. back to school.
- Please keep in mind that Montana's allocations for publicly purchased vaccines do not allow for stockpiling. As a result, you may find the clinic's inventory is low when placing your order.
- Please try to order vaccine during your assigned ordering time, i.e., bimonthly or quarterly. If you do not need vaccine at that time then do not place an order. If you get off schedule, please call the MT Vaccine Manager at 444-5580 to assist in getting your clinic back on schedule.

Insert separate handout of your clinic's suggested inventory and ordering schedule.

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Vaccine Receiving List

Vaccine ordered from the MT Immunization Program will be delivered Tuesday through Friday via an express carrier service, such as FedEx, UPS, or DHL.

Do NOT Leave Vaccine Deliveries Unattended! When deliveries arrive, check each package to determine if it is a perishable vaccine delivery and follow these procedures:

- Contact the clinic's designated Vaccine Coordinator responsible for receiving and storing vaccine. Know who the alternate person is to receive vaccine and contact them if the primary is not available.
- Open your vaccine shipment within 30 minutes.
- It is very important to check the following items. If there are any discrepancies, contact Home IV Pharmacy immediately.

temperature, expiration date, and condition of each package. Do the temperature monitors indicate the vaccine is within a safe temperature range? Is the expiration date at least 3 months from today's date? * Are packages undamaged with no leakage?
the shipment to make sure vaccine received matches the packing list. Do the number of doses of each antigen match? Do expiration dates match? Do lot numbers match?
vaccine and choose proper storage.

- □ Store all non-frozen vaccine in the refrigerator.
- □ Store frozen vaccine (varicella, MMRV) in the freezer.
- □ Are refrigerator and freezer temperatures correct?

Refrigerator temp: between 2°to 8° Celsius (35°to 46° Fahrenheit)

Freezer temp: at or below -15° Celsius (5° Fahrenheit)

refrigerator and freezer stock and rotate appropriately.

- □ Place vaccine with shortest expiration date in front (date closest to today's date).
- □ Place vaccine with longest expiration date in back (date furthest from today's date).

Problems with your order? Questions about vaccine storage?

Contact: Home IV Pharmacy 723-4099

If Home IV Pharmacy is not available, contact the MT Immunization Program 444-5580.

* If vaccine is received with 3 or less months before expiration, please contact the MT Immunization Program at 444-5580.

Problems with Vaccine Shipments

If there is anything wrong with the shipment of vaccine, contact Home IV Pharmacy at 723-4099 immediately.

- If the shipment is received outside the temperature range, a replacement order will be placed. If you do not receive the replacement order within one week, please contact Home IV Pharmacy.
- The non-viable vaccine will be picked up by an express carrier service, such as FedEx, UPS, or DHL, arranged by McKesson. Please have the box ready to be picked up by the express carrier service. Make sure all address labels have been removed from the box. Pack everything back in the box it came in, including all the non-viable vaccine and the temperature monitors (that came in the shipment).
- If the number of doses, expiration dates, and/or lot numbers do not match the packing slip, Home IV Pharmacy will provide the information to McKesson so that their records can be updated. If vaccine listed on the packing list is missing in the shipment, Home IV Pharmacy will work with McKesson to rectify the problem.

Returning Empty Boxes to McKesson

Clinics should keep a couple of McKesson boxes on hand to return any expired/wasted vaccine. All other boxes should be returned to McKesson. A postage paid UPS label is attached to the inside flaps of the box to facilitate container returns. If UPS does not make a regular pick up at your clinic or there is no UPS center for you to drop off the containers, please contact McKesson (877) 822-7746 to schedule a pickup of empty boxes.

If UPS does not have a regular pick up at your clinic, they will charge your clinic to pick up the boxes if your clinic contacts UPS directly. If UPS does make a regular pick up at the clinic, just hand them to UPS the next time they are at your clinic.

Handling Short-Dated Vaccine

Occasionally, clinics have more publicly purchased vaccine than they can use before it expires. The following procedures should be followed to ensure the vaccine is used.

- Notify the MT Immunization Program at 444-5580 with the following information at least 3 months before expiration.
 - vaccine type
 - o amount the clinic will not be able to use
 - o manufacturer
 - o lot number
- The MT Immunization Program will assist in finding a clinic for the short-dated vaccine to be transferred to.
- It is the responsibility of the transferring clinic to make sure the vaccine is transported appropriately to the next clinic.
- Both the transferring and receiving clinic should note the transferred doses on the MT Monthly Vaccine Report Form.
- With the exception of multi-dose vials and clinics which are so small that the
 minimum order of vaccine is more than they will use in one year, the clinic could be
 held responsible for replacing the vaccine if it expires before it is used.

Handling Vaccine Exposed to Out-of-Range Temperatures

In the event that publicly purchased vaccine has been exposed to out-of-range temperatures, follow these procedures:

- Do not use the possibly spoiled vaccine.
- Notify the clinic's designated Vaccine Coordinator and, if needed, the alternate
- Place the vaccine into a bag and mark it "DO NOT USE."
- Place the bag in a working refrigerator/freezer.
- The Emergency Response Worksheet can be used to gather information about the situation
 - o type of vaccine, amount, manufacturer, and lot numbers
 - last known temperature of the refrigerator and freezer
 - o current temperature of the refrigerator and freezer
 - o how long were vaccines out of the recommended temperature range
 - o circumstances (what happened)
- Contact the MT Immunization Program at 444-5580. The MT Immunization Program will advise the clinic on the next steps.
- Document the actions taken on a Vaccine Storage Troubleshooting Record.
- The clinic will need to submit a letter to the MT Immunization Program within 2 weeks indicating actions that have been taken to ensure this will not happen again.

Never discard questionable vaccine. Always call the MT Immunization Program first.

Handling Expired and Wasted Vaccine

If you have expired or wasted publicly purchased vaccine, do not throw it away. All expired and wasted publicly purchased vaccine is to be returned to McKesson. Expired and wasted vaccine can be returned to the manufacturer for the excise tax. Follow these procedures:

- DO NOT return any viable vaccine to McKesson.
- Complete the MT Wasted and Expired Vaccine Return Form and include all information listed on the form for each vaccine. (You will find the NDC number [10 digit number] on the vaccine vial or on your packing slip.)
- Fax a copy of the form to the Immunization Program (406) 444-2920 and keep a copy for your records.
- Enclose the original copy of the form in the package with the wasted or expired vaccines that you are returning with the publicly purchased vaccine.
- You may use a postage-paid container in which you receive your normal publicly purchased vaccine shipments to return wasted or expired vaccine to McKesson. If you do not have a McKesson shipping box available, please pack the wasted or expired vaccine into a box and return it to: McKesson Specialty Distribution, Attn: Eric Doss/Tommy McRae, 4853 Crumpler Road, Memphis, TN 38141.
- If UPS does not make a regular pick up at your clinic or there is no UPS center for you to drop off the container, please contact the MT Immunization Program at 444-5580. The MT Immunization Program will contact McKesson to schedule the pickup of wasted and/or expired vaccine.
- Clearly label the outside of the shipping container "Non-viable Vaccine enclosed."

Emergency Handling Procedures for Vaccine

Prior to an emergency, the clinic should:

 Identify an alternate vaccine storage facility that has proper refrigerator and freezer units, temperature monitoring capabilities and backup power where vaccine can be stored in an emergency.

This clinic has made arrangements in an emergency to move the vaccine to:

Address Contact Name Phone Number Designate staff that will be responsible for packing and moving the vaccine to a safe location. At least one alternate is required. In an emergency, call the following people immediately: Primary: Phone: Alternate: Phone: Phone: Phone: Have the appropriate packing material on hand at all times, including insulated containers and cold/ice packs. Our packing materials are located:	Name	
Phone Number • Designate staff that will be responsible for packing and moving the vaccine to a safe location. At least one alternate is required. In an emergency, call the following people immediately: Primary: Phone: Alternate: Phone: • Have the appropriate packing material on hand at all times, including insulated	Address	
 Designate staff that will be responsible for packing and moving the vaccine to a safe location. At least one alternate is required. In an emergency, call the following people immediately: Primary: Phone: Alternate: Phone: • Have the appropriate packing material on hand at all times, including insulated 	Contact Name	<u></u>
location. At least one alternate is required. In an emergency, call the following people immediately: Primary: Phone: Alternate: Phone: 2 nd Alternate: Phone: • Have the appropriate packing material on hand at all times, including insulated		
Primary: Phone: Alternate: Phone: 2 nd Alternate: Phone: • Have the appropriate packing material on hand at all times, including insulated		
Alternate: Phone: 2 nd Alternate: Phone: • Have the appropriate packing material on hand at all times, including insulated	location. At least one alterna	e is required.
2 nd Alternate: Phone: • Have the appropriate packing material on hand at all times, including insulated	location. At least one alterna	e is required.
Have the appropriate packing material on hand at all times, including insulated	location. At least one alternation an emergency, call the following	g people immediately:
	In an emergency, call the following Primary:	e is required. g people immediately: Phone:
	In an emergency, call the following Primary: Alternate:	e is required. g people immediately: Phone: Phone:

- Have a list of emergency phone numbers for local utility companies.
- Ensure written description of floor plans and vaccine locations are available for anyone who may need to enter the building after hours. This plan should include the location of the vaccine packing material, light switches, and circuit breakers.
- Document on the Emergency Response Worksheet vaccine involved in power or equipment failure.

• This clinic is on a backup generator. Designate staff who will be responsible for making sure the generator works. At least one alternate is required.

In an emergency, call the following people immediately:

Primary:	Phone:
Alternate:	Phone:
2 nd Alternate:	Phone:

Vaccine may be okay in an unopened refrigerator for 24-30 hours provided the door is not opened and water bottles are in the doors of the refrigerator and ice packs are in the freezer. Be sure to monitor the temperature.

At a minimum, the emergency plan must be reviewed and updated annually (or as necessary) or when there is a change in staff that have responsibilities specified in the emergency plan.

Contact Information

Home IV Pharmacy: phone: 723-4099; fax: 723-4059 Mailing address: 2601 ½ Continental Drive, Butte, MT 59701

Montana Immunization Program: phone: 444-5580; fax: 444-2920

immunization.mt.gov

Company	Name	Phone Number
Electrical power		
Refrigeration repair		
Temperature alarm monitoring		
Perimeter alarm monitoring		
Backup vaccine storage facility		
Transportation to backup storage facility		
Dry ice vendor		
Emergency generator repair		
National Weather Service		

Moving Refrigerated and Frozen Vaccine

Except in cases of an emergency, publicly purchased vaccine should not be moved without first contacting the MT Immunization Program at 444-5580.

Refrigerated and frozen vaccines have different instructions for packing. Refer to the steps below to make sure you have packed your vaccine properly for transport. Please note that the clinic moving the vaccine is always responsible for proper packing. This means if the temperatures are out of range, your clinic could be held responsible for replacing the wasted vaccines.

Pack refrigerated vaccines first:

Obtain a Styrofoam container or ice chest. These containers are located:

The containers

that vaccine was shipped in work best.

- Make sure vaccines are kept in their original boxes corresponding diluent also should be packed and must not be frozen.
- Styrofoam containers with walls less than 2 inches thick are not acceptable.
- Use refrigerated or frozen packs, depending on the time of year and situation (i.e., frozen packs for hot weather when transporting outdoors, refrigerated cool packs for cold weather).
- Place ice packs or cool packs in the bottom of the container.
- Place a buffer layer of bubble wrap or crushed paper between the ice packs and the vaccine. Approximately 1 inch or more should be used.
- Place the vaccine on top of the buffer material.
- Fill the open spaces with crumpled newspaper to secure the vaccine from shifting during shipment.
- Place the container cover on and tape it closed.
- During hot weather, transport the container in a cool place like the air conditioned interior of a car. Do not leave vaccines unattended or in the trunk of a parked car. Remember to include a temperature indicator inside the coolers. The temperature must be maintained at 2° to 8° Celsius (35° to 46° Fahrenheit)
- During cold weather, do not leave the container in an unheated area because the vaccines may freeze. In cold weather, include a freezer indicator in the container.

Pack MMRV, varicella, and zoster vaccine in separate containers. These must be transported packed in dry ice.

- Transport only the quantity needed in an insulated container with dry ice. The temperature must be maintained at -15° Celsius or colder (5° Fahrenheit or colder).
- Clearly mark the vaccine with the day and time it was removed from the original freezer unit. The corresponding diluent also should be packed but not with the vaccine as the diluent cannot be frozen.
- Pack the container with enough dry ice to make sure the temperature is maintained at -15° Celsius or colder (5° Fahrenheit or colder). It is extremely important to include a temperature indicator in the container with the frozen vaccine.

Appendix

How to Interpret the Packing List

How to Read the ColdMark™ Freeze Indicator

How to Read the 3M MonitorMark $^{\text{\tiny TM}}$ Time Temperature Indicator

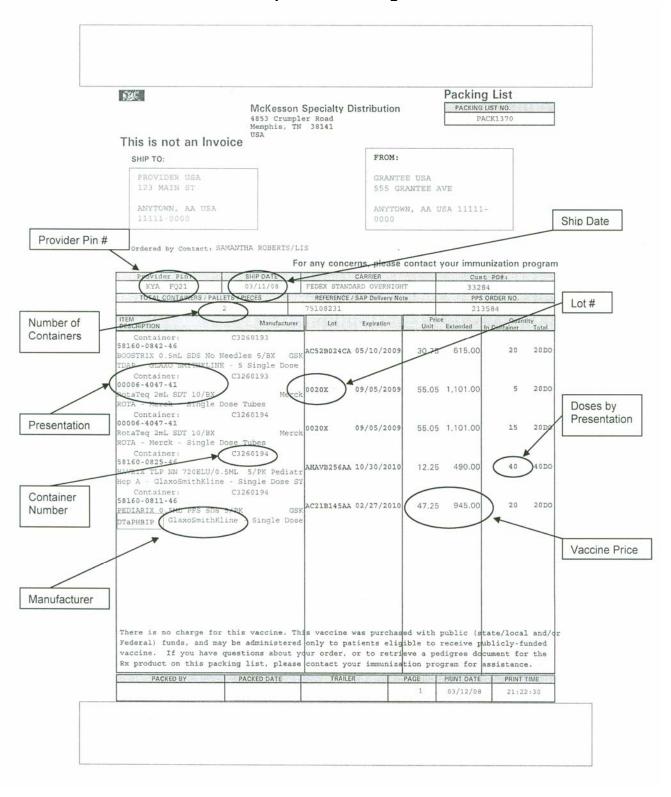
MT Vaccine Order Form

MT Monthly Vaccine Report Form

MT Wasted and Expired Vaccine Return Form

Emergency Response Worksheet

How to Interpret the Packing List





The indicator monitors temperature exposure, not product quality

Vaccine Temperature Management

A ColdMark Freeze Indicator has been packaged with this shipment by McKesson to assure that the enclosed vaccines have been shipped under manufacturer-recommended conditions.

Receiver Instructions

Immediately upon shipment receipt:

- Remove the ColdMark Freeze Indicator from the shipment container
- Store vaccines as instructed below
- Follow instructions on reverse side to utilize the ColdMark Freeze Indicator properly

Vaccine Storage Requirements

- Take the product out of the shipment container immediately upon shipment receipt
- If damage is evident, contact your Project Point of Contact (PPOC) within 2 hours of shipment receipt
- Remove the product from the zippered plastic bag
- Refrigerate immediately
- Store at 35° to 46°F (2° to 8°C)
- Do not freeze or expose to freezing temperatures

McKesson Specialty



How to Read

Immediately upon shipment receipt, remove the ColdMark Freeze Indicator and check the ColdMark bulb.

• If the bulb is clear and colorless, begin using vaccine as needed.



 If the bulb appears violet in color, store the product as instructed and contact your PPOC for further instructions prior to using.



ColdMark Freeze Indicator decision table:

Bulb Color	Vaccin	е Туре
Buib Color	MMR, ActHIB, LAIV	All other vaccine
Clear and colorless	Begin using vaccine	Begin using vaccine
Violet	Begin using vaccine	Contact PPOC

McKesson Specialty



The indicator monitors temperature exposure, not product quality

Vaccine Temperature Management

A 3M MonitorMark[™] Time Temperature Indicator has been packaged with this shipment by McKesson to assure that the enclosed vaccines have been shipped under manufacturer-recommended conditions.

Receiver Instructions

Immediately upon shipment receipt:

- Remove the 3M MonitorMark Time Temperature Indicator from the shipment container
- Store vaccines as instructed below
- Follow instructions on reverse side to utilize the 3M MonitorMark
 Time Temperature Indicator properly

Vaccine Storage Requirements

- Take the product out of the shipment container immediately upon shipment receipt
- If damage is evident, contact your Project Point of Contact (PPOC) within 2 hours of shipment receipt
- Remove the product from the zippered plastic bag
- Refrigerate immediately
- Store at 35° to 46°F (2° to 8°C)
- Do not freeze or expose to freezing temperatures

McKesson Specialty



Empowering Healthcare

How to Read

Immediately upon shipment receipt, remove the 3M MonitorMark Time Temperature Indicator and check the Index.

For MMR vaccines:

• If the Index color is 0-1, store the products as instructed and begin use.



• If the Index color is 2-5, store the product as instructed and contact your PPOC for further instruction prior to using.



For all other vaccines:

• If the Index color is 0-2, store the products as instructed and begin use.



• If the Index color is 3-5, store the product as instructed and contact your PPOC for further instruction prior to using.



3M MonitorMark Time Temperature Indicator decision table:

Indicator Color	Vaccine [*]	Гуре
illulcator Color	MMR	All Other Vaccines
0-1	Begin using v	vaccines
2	Contact PPOC	Begin using vaccines
3-5	Contact F	POC

McKesson Specialty

VACCINE ORDER FORM MONTANA IMMUNIZATION PROGRAM

Date Submitted:	VFC ID #:	21.77 10.77
Facility Name:		
Physical Address (no PO Boxes):		
Contact Person:	Phone:	

	T	T T	l
VACCINE	MINIMUM ORDER	DOSES ORDERED	DOSES ON HAND MANDATORY TO ORDER
DTaP	5 doses		
DTaP/IPV/Hep B	5 doses		
Hep A (0-18 yrs)	5 doses		
Hep B (0-18 yrs)	5 doses		
Hib	5 doses		
Human Papillomavirus (HPV – Quadrivalent)	10 doses		
IPV	10 doses		
MMR	10 doses		
Meningococcal Conjugate (adolescent)	5 doses		
Pneumococcal Conjugate (PCV7)(ped)	10 doses		
Pneumo Polysaccharide (PPV23) ages 2 and up	5 doses		
Rotavirus	10 doses		
Td (adult)	10 doses		
Tdap (adolescent)	10 doses		
Varicella	10 doses		

Reporting must be current and complete (including expiration dates).

Return form to: Home IV Pharmacy, 2601 ½ CONTINENTAL DRIVE, BUTTE, MT 59701

DPHHS 4/08

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Name of Facility:	Facility:										Person	Person Filing Report:	port:			
Address:											Repor	Report for the Month of:	onth of:		,	Year:
Vaccine	Doses on	Doses	Doses	Total		ă	Ses A	dminist	ered By	/ Age (Ir	Doses Administered By Age (In Years)		Total	Total	Doses	Lot
	Hand Beg. of Month	Rec. During Month	Lost or Returned to State	Doses Available	₹	-	2	3-4	2	6-9	10-14	15-18	Each	Doses Each Vaccine	on Hand End of Month	Numbers and Outdates
DTaP														Total DTaP		
E SE		10												Total Hib U		
<u>≥</u>														Total IPV U		
DTaP/ IPV/ Hep B														Total DTaP/ IPV/Hep B		
Pneumo							11 1-11				Ш			Total PCV7		
PPV (23) High- Risk														Total PPV(23) U		
Rotavirus														Total Rota		
MMR														Total MMR		
Varicella														Total Varicella		

Mail to Home IV Pharmacy, 2601 1/2 Continental, Butte, MT 59701 HES-111B DPHHS (Revised 5/1/08)

Facility Address:

VFC ID#

Vaccine	Doses	Doses		Total			Dose	ss Admi	nisterec	Doses Administered By Age			Total	Total	Doses on	Lot
	on Hand Beg. of Month	Rec. During Month	Lost or Returned to State	Doses Availab Ie	₹	-	2	3-4	5	6-9	10-14	15-18	Each	Doses Each Vaccine	Hand End of Month	Numbers And Outdates
Flu .25 Infant														Total .25 Flu		
Flu .50 3-18														Total ,5 Flu		
Flumist														Total Flumist		
Tdap														Total Tdap U		
Mening														Total Mening		
MPV														Total HPV		
Td														Total Td		
Hep A 1-18														Total Hep A Ů		
Hep B 0-19														Total Hep B		
Other														Total Other		

Wasted and Expired Vaccine Return Form Montana DPHHS

Contact: Phone:	VFC ID:
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Please complete this form and include all information listed below for each vaccine. (You will find the NDC number [10 digit number] on the Do not return any viable VFC vaccine to McKesson. Contact the Immunization Program at 444-5580 for assistance if you will not be able to use your supply of vaccine before it expires. Most likely, we will assist you with a local redistribution.

- vaccine vial or on your packing slip.)
- Please fax a copy of this form to the Immunization Program (406) 444-2920 and keep a copy for your records. 5
- McKesson. If you do not have a McKesson shipping box available, please pack the wasted or expired vaccine into a box and return it to: You may use a postage-paid container in which you receive your normal VFC vaccine shipments to return wasted or expired vaccine to Enclose the original copy of this form in the package with the wasted or expired vaccines that you are returning to the VFC Program. 4.

McKesson Specialty Distribution, Attn: Eric Doss/Tommy McRae, 4853 Crumpler Road, Memphis, TN 38141.

Clearly label the outside of the shipping container "Non-viable Vaccine enclosed." 5

Reason Comments Code			
Reason Code			
NDC Number			
Expiration Date			
Lot No			
Manufacturer Lot No			
No of Doses			
Vaccine Name No of Doses			

Reason codes:

Expired vaccine

6. Vaccine spoiled in transit

7. Mechanical failure

8. Spoiled

- 2. Natural Disaster/Power Outage
 - 3. Refrigerator/Freezer too warm
- 4. Refrigerator/Freezer too cold
- 9. Other (Please Explain) 5. Failure to store properly upon receipt (e.g. not refrigerated or frozen in a timely manner)

DPHHS 7-07

Montana DPHHS Emergency Response Worksheet

Name of Facility:_			VFC ID:_	Date:			
Contact:	Phone:						
What to do in cas recommended ten	e of a power failure or ar nperature range.	nother event which	ı results in vaco	cine storage outside of the			
 Notify the clini Place the vacci Place the bag in Contact the MT on the next step 	os. actions taken on a Vaccine	*DO NOT USE." eezer. it 444-5580. The M : Storage Troublesh	IT Immunizatio	nate. n Program will advise the clinic			
Vaccines Stored in Refrigerator Vaccine Manufacturer and lot # Expiration Date # of doses Circumstances (what happened)							
3.		Expiration Date	# of doses	Circumstances (what happened)			
Vaccine	Manufacturer and lot #	Expiration Date	# of doses	Circumstances (what happened)			
How long were vac Air temperature of	rature of the refrigerator: re of the refrigerator: recines out of the recommer room where refrigerator is	Currended temperature rass located:	ent temperature ange:				
	uestionable vaccine. <i>I</i>	Always call the N	/IT Immunizat	ion Program first.			
DPHHS (4/2008)							